The Credibility of Dentists

The Gallup Organization conducts an annual public opinion poll regarding honesty and ethics in U.S. professions. Dentists are likely to be aware of this poll because of the top-10 position our profession typically achieves in it. In 2000,[1] the professionals voted least ethical by respondents to the Gallup poll about honesty and ethics were car salespeople (who were voted ethical by 7 percent of respondents); advertising practitioners and insurance salespeople (tied at 10 percent); newspaper reporters (16 percent); and labor union leaders, real estate agents and lawyers (all tied at 17 percent). Once again, dentists made the top 10, which was as follows, beginning with No. 10:

10. police officers, voted as honest and ethical by 55 percent of respondents;
9. engineers, 56 percent;
8. dentists, 58 percent;
7. college teachers, 59 percent;
6. clergy, 60 percent;
5. grade- and high-school teachers, 62 percent;
4. physicians, 63 percent;
3. veterinarians, 66 percent;
2. druggists and pharmacists, 67 percent;
1. nurses, 79 percent.

While dentists, indeed, were ranked eighth, I remember well that in past surveys conducted throughout my long career in dentistry, dentists were always at or near the top of the ethical acceptability ratings. I believe there has been a change in public perception of our profession, and I believe I can identify potential reasons for this change, which I will discuss in this article. I contend that we in the profession should examine the reasons why the public perception of ethics in dentistry may have altered, and we should institute methods to transform our image into an even more positive one.

POTENTIAL NEGATIVE INFLUENCES ON THE PUBLIC PERCEPTION OF DENTISTS

Having a commercial, self-promotional orientation. In my opinion, the advent of advertising in dentistry could have a significant negative influence on the public's opinion of dentists. Practitioners now advertise in everything from the Yellow Pages to travel magazines and on television as well. How do patients differentiate between the dentist with the largest ad and the one who does not advertise at all, yet produces high-quality services at a moderate cost to patients?

How many articles in dental publications have you seen in the past few months that promote the amount of revenue dentists can generate? In the past, the emphasis in the pro-

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fession has been on the quality of dentistry that dentists could produce, the effectiveness of practice relative to time involvement, dental treatment that provides long service, positive patient relationships and provision of the very best oral health care services available. Today, however, it seems that many authors in dental publications do not hesitate to state in a boasting manner the amount of money that their practices generate. They must not realize that some patients also have access to the magazines in which they write. How do patients making the typical $40,000 to $50,000 per year feel when they hear or read that some dentists are making $1 million or $2 million per year in practices that feed on the maladies of the public? Patients do not know that the overhead costs of a typical U.S. dental practice ranges from 65 to 70 percent, and the gross income of dentists can be very misleading to the public. Income should not be the measure of the success in a dental practice.

In my opinion, dental practices must be organized and efficient, and they should be oriented toward high-quality services. If practitioners achieve these goals, there is adequate net income to enable dentists and their families to live very comfortable lives.

Quality service to patients should be our goal. Our profession exists to serve the public, not ourselves. In my opinion, self-promotion to the public, most of whom cannot judge the validity of the promotion, is misleading and detrimental to our professionalism.

Planning and carrying out excessive treatment. Previously, I have described my attitudes and beliefs on dividing treatment plans into elective and mandatory treatment.[2] It is a routine experience in my prosthodontic practice to have patients referred to me for a second opinion, only to find that another practitioner has planned treatment involving many elective procedures—and that the patient was not informed that those procedures were elective. When such patients are told that some of the procedures are not required but are elective, they often express concern about the ethics of the practitioner they saw previously.

If all of us treated only those who could pay high fees, we would not fulfill our responsibility as members of a profession.

Recently, during an initial consultation, a patient did not inform me that she had been to another practice and had been displeased with the treatment plan she had been given. I completed an examination and presented my treatment plan to her. The plan consisted of tooth whitening and a few minor tooth restorations. The previous dentist had presented a plan involving placement of crowns and veneers on all of her remaining teeth. If the dentist had informed the patient that the majority of his treatment plan for her was elective, she could have made a logical decision about whether to have the extensive restorative treatment performed. He did not—and as a result, she did not have good feelings about his having provided the extensive plan to her without proper explanation. These types of situations do not enhance the image of the profession.

Charging high fees without justification. Some speakers in dental continuing education courses motivate dentists to raise their fees to eliminate patients who do not have the financial means to pay for their treatment. In my opinion, it is our professional responsibility to provide oral care services at a level of efficiency that allows us to treat most of the patients who request our services, including some patients without the ability to pay. If all of us treated only those who could pay high fees, we would not fulfill our responsibility as members of a profession. Dentists with big egos who charge high fees and provide only mediocre treatment do not enhance the image of the profession. Patients should come first! There is plenty of money to satisfy the needs of conscientious dentists.

Providing service only when it is convenient. With oral health care come unavoidable emergency service needs. Nobody likes to treat a patient at inconvenient times of the day or night, or on weekends or holidays. However, some of these occurrences cannot be avoided. There are dentists of my acquaintance who will not treat any patients at inconvenient hours. Most of these practitioners have unlisted home telephone numbers, and they are relatively inaccessible. Is this a professional, service-oriented attitude? Is this behavior worthy of our status as professionals? We need to provide for

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the legitimate emergency needs of our patients, either by ourselves or with the help of other practitioners.

Refusing to accept responsibility when treatment fails prematurely. If you buy a new automobile, and the engine fails after a few months or even a few years, should the dealer repair the problem at no cost to you? I feel certain that you would answer "Yes." Is that what happens in your dental practice?

I hear frustrated patients describe how oral therapy has failed prematurely and their dentists have charged them again for the replacement treatment. The reputation of the profession is tarnished by such actions. Our fees should be sufficient to allow redoing of a reasonable percentage of premature clinical failures without recharging the patient. Many patients for whom I have replaced failed restorative treatment after a reasonable number of years (up to about five) have sent friends and neighbors to me for care because of my willingness to "make good" on failed treatment. Usually, after five years, most patients will accept the responsibility of paying for the replacement work themselves.

CONCLUSION

Our profession's reputation stands at risk of being eroded by a series of negative events. These events are clearly identifiable, and I have described several of them in this article. In my opinion, it is time to put service to patients first again and to reduce the overt self-promotional and financial orientation of some of our colleagues. ■

Dr. Christensen is cofounder and senior consultant of Clinical Research Associates, 3707 N. Canyon Road, Suite No. 7A, Provo, Utah 84604, and is a member of JADA's editorial board. He has a master's degree in restorative dentistry and a doctorate in education and psychology. He is board-certified in prosthodontics. Address reprint requests to Dr. Christensen.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the American Dental Association.

Educational information on topics discussed by Dr. Christensen in this article is available through Practical Clinical Courses and can be obtained by calling 1-800-223-6569.

1. Carlson DK. Nurses remain at top of honesty and ethics poll (poll analyses). Gallup Organization Web site. Available at: "www.gallup.com/poll/releases/pr001127.asp". Accessed June 22, 2001.
2. Christensen GJ. Elective vs. mandatory care. JADA 2000;131:1496-8.

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